Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

Before completing this form:

- I. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

	M. C.II I I					Leave (3)
	My full legal name:	First	Middle	Last	Suffix	blank until you provide
	My date of birth	1 11 30	riidale	Last	Sumx	this form to
	My date of birth:	nm/dd/yyyy				someone w
	My Social Security numb					a legitimate business ne
			<u>·</u>			like when y
	My driver's license:		N 1			are filing yo
	2	State	Number			report at th
	My current street addre	ss:				police static or sending
						the form
	Number & Street N	ame		Apartment, Sui	ite, etc.	to a credit
						reporting agency to
	City	State	Zip Code		Country	correct you
	I have lived at this addre	ee einee	·		•	credit repo
	I have lived at this addre	ss since	mm/yyyy			3.404.453
	My daytime phone: ()				
	My evening phone: (
	My email:	.		`		
tl	he Time of the Frauc	d				
						Skip (8) - (1
	My full legal name was:					if your
		First	Middle	Last	Suffix	information has not
	My address was:				-	changed sin
	My address was:N	Apartment, Suite, etc. the f		the fraud.		
	City	State	Zip Code	C	Country	
)	My daytime phone: ()	My ev	ening phone: (()	
	My email:				·/	

Victim's Name			Phone number () Page			Page 2			
Abo	ut	You (th	e vict	tim) (Conti	nued)				
Decla	arat	tions							
(11)	i	□ did	OR	OR did not authorize anyone to use my name or personal ir obtain money, credit, loans, goods, or services – other purpose — as described in this report.					
(12)	i	□did	OR	☐ did not	receive any money, goods, services, or other benefit as a result of the events described in this report.				
(13)	I	□ am	OR	□ am not	willing to w against the	es are brought d.			
Abou	ut t	he Fra	ud						Torogram profile for fillingers (cr.
(14)	do		to ope		-	mation or identi existing accounts			(14): Enter what you know about anyone you believe was involved
		·	First		Middle	Last		Suffix	(even if you don't have complete
		Address		umber & Street	Name	Apar	tment, S	uite, etc.	information).
			City		State	Zip Code	Cou	ntry	
		Phone N	Numbe	ers: ()		()		<u>. </u>	
		Addition	nal info	ormation abo	ut this persor	n:			
								· .	
				, , , , , , , , , , , , , , , , , , , 				-	
			, , , , ,						

Victim	's Name	Phone number ()	Page 3
(15)		crime (for example, how the identity thief n or which documents or information were	(14) and (15): Attach additional sheets as needed.
Doc	umentation		are
(16)	I can verify my identity with these	e documents:	(16): Reminder: Attach copies
C	license, state-issued ID card, or n If you are under 16 and don't have	identification card (for example, my driver's ny passport). a photo-ID, a copy of your birth certificate or showing your enrollment and legal address is	of your identity documents when sending this form to creditors and credit reporting
C		e the disputed charges occurred, the loan ok place (for example, a copy of a rental/lease oill, or an insurance bill).	agencies.
Abo	out the Information or Ac	counts	
(17)	- •	on (like my name, address, Social Security numb urate as a result of this identity theft:	er, or date of
(18)		vanies appear on my credit report as a result of	
	Company Name:		
	Company Name:		

Victim's Name		Phone number ()	Page
(19) Below are details	about the different frauds	committed using my per	sonal information.
			(19):
Name of Institution	Contact Person	Phone E	xtension more than three frauds, copy this
Account Number	Routing Number	Affected Check N	umber(s) page blank, and attach as many
and the second of the second o	□ □Bank □ □Phone/Utilit nment Benefits □ Interne	er vereining i historia de vy vereining et d'	additional copies as necessary.
Select ONE:	s opened fraudulently.		Enter any applicable information that
□ This was an exis	ting account that someone		you have, even i it is incomplete or an estimate.
Date Opened or Misused (m	im/yyyy) Date Discovered (m	ım/yyyy) Total Amount Ob	If the thief committed two types of fraud at
Name of Institution	Contact Person	Phone E	xtension one company, list the company twice, giving
2.	Routing Number □ Bank □ Phone/Utilit □ Phone □ Interne		umber(s) the information about the two frauds separately
Select ONE:	s opened fraudulently.		Contact Person: Someone you dealt with, whor
	ting account that someone	tampered with.	an investigator can call about th fraud.
Date Opened or Misused (m	m/yyyy) Date Discovered (m	m/yyyy) Total Amount Ob	The number of
			the credit or debit card, bank
Name of Institution	Contact Person		xtension account, loan, or other account
Account Number	Routing Number	Affected Check N	
Account Type: ☐ Credit ☐ Gover	: □Bank □Phone/Utilit nment Benefits □Interne	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dates: Indicate when the thief began to misuse
Select ONE:			your information and when you
the second of th	s opened fraudulently.		discovered the problem.
□ I nis was an exis	ting account that someone	tampered with.	Amount Obtained
Date Opened or Misused (m	m/yyyy) Date Discovered (m	m/yyyy) Total Amount Ob	
	······································		purchased with

the card or withdrawn from the account.

Victim	n's Name	Phone number ()	Page 5
You	r Law Enforcement	Report	
(20)	One way to get a credit re related information from a detailed law enforcement an Identity Theft Report b office, along with your supyour signature and comple important to get your rep person or get a copy of the	eporting agency to quickly block identity theft- appearing on your credit report is to submit a report ("Identity Theft Report"). You can obtain by taking this form to your local law enforcement oporting documentation. Ask an officer to witness ete the rest of the information in this section. It's ort number, whether or not you are able to file in the official law enforcement report. Attach a copy of official law enforcement report you receive when	(20): Check "I have not" if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable" if you tried to file a report but law enforcement refused to take it.
	I was unable to fileI filed an automate below.	w enforcement report. any law enforcement report. d report with the law enforcement agency listed person with the law enforcement listed below.	Automated report: A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a
Law E	Enforcement Department	State	face-to-face interview with a law enforcement officer.
Repor	rt Number	Filing Date (mm/dd/yyyy)	
Office	er's Name (please print)	Officer's Signature	
Badge	e Number	() Phone Number	
Did th	ne victim receive a copy of t	he report from the law enforcement officer?	es OR □No
Victim	n's FTC complaint number (if available):	

Victim	's Name		Phone number (_)	Page 6	
Sign	a a funda					
	-	late IN THE PRE	SENCE OF a law enforce	ement officer, a no	otary, or	
(21)						
Signat			Data Signed (mm/dd/	2000)		
Jigi lat	uie		Date Signed (Hill/dd/)	Date Signed (mm/dd/yyyy)		
You	r Affidavit					
	that you submit diffe should also check to	erent forms. Checo see if it requires	While many companies ack with each company to se notarization. If so, sign in the pon-relative) sign that you co	e if it accepts this for the presence of a no	orm. You otary. If it	
Notar	у _		<u></u>			
		•				
Witne	ess:					
Signat	ure		Printed Name			
Date			Telephone Number	·		